

28434

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 23 1954

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5883 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u>	
b. CITY OR TOWN <u>BONNOTSMILL</u>		c. CITY OR TOWN <u>BONNOTSMILL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>LIFE</u>		e. STREET ADDRESS (If rural, give location) <u>Linn Township 0760</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>at his home</u>			

3. NAME OF DECEASED a. (First) <u>Alexander</u> b. (Middle) <u>Louis</u> c. (Last) <u>Bonnot</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 13 1954</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 13-1877</u>	9. AGE (In years last birthday) <u>77</u>	10. IF UNDER 1 YEAR Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bonnots Mill Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>Alex Xavier Bonnot</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Verdote</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Ann Kemple</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs A. I. Bonnot</u> ADDRESS <u>Bonnots Mill Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>7 yrs</u> <u>3 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Carcinomatosis</u> DUE TO (c) <u>Carcinoma of Stomach (primary site)</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive heart disease</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>151 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE *HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from March 23, 1954, to Aug 13, 1954, that I last saw the deceased alive on Aug 11, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas W. Baldwin</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Linn</u>	23c. DATE SIGNED <u>8/14/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8/16/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Bonnots Mill Mo</u>

DATE REC'D BY LOCAL REG. <u>Aug 17-1954</u>	REGISTRAR'S SIGNATURE <u>T. C. ... 235-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Marton</u> ADDRESS <u>Linn Mo</u>
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(Licensed Embalmer's Statement of Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48760  
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Samuel M. Mott*.....

Licensed Embalmer No. *412*.....

P. O. Address *Leam, T*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.